

MEETING MINUTES

Policy and Advocacy Committee

April 4, 2007

9:30 a.m. – 3:30 p.m.

Department of Consumer Affairs
1625 N. Market Boulevard
El Dorado Conference Room
Sacramento, CA 95834

MEMBERS PRESENT

Gordonna DiGiorgio, Chair, Public Member
Karen Roye, Public Member

MEMBERS ABSENT

Dr. Ian Russ, MFT Member

STAFF PRESENT

Paul Riches, Executive Officer
Mona Maggio, Assistant Executive Officer
Steve Sodergren, Program Manager
George Ritter, Legal Counsel
Christy Berger, Legislation Analyst
Justin Sotelo, Regulatory Analyst
Christina Kitamura, Administrative Assistant
Pearl Yu, Enforcement Analyst
Mary Hanifen, Enforcement Analyst
Julie McAuliffe, Enforcement Analyst
Cheree Lasley, Enforcement Technician
Paula Gershon, Budget Analyst
Debbie Flewellyn, MFT Evaluator
Michelle Earnisse, MFT Evaluator

GUEST LIST

On File

I. Introductions

The meeting was called to order at 9:34 a.m. Committee members, staff, and audience introduced themselves.

II. Review and Approval of the January 3, 2007 Policy and Advocacy Committee Meeting Minutes

KAREN ROYE MOVED, DONNA DIGIORGIO SECONDED, AND THE COMMITTEE CONCURRED TO APPROVE THE JANUARY 3, 2007 POLICY AND ADVOCACY COMMITTEE MEETING MINUTES.

III. Presentation on Legislative Proposal to License Alcohol and Drug Abuse Counselors by the California Association of Alcoholism and Drug Abuse Counselors

Bob Tyler, President of the California Association of Alcoholism and Drug Abuse Counselors (CAADAC), gave an introduction to CAADAC.

Sherry Daley, Public Policy Coordinator of CAADAC, presented reasons for the importance to license these counselors. First, this is a life threatening disease. Second, public setting is where most treatment occurs. In order to receive public treatment, counselors are needed in private practice settings, where working people can receive care at earliest stages of the disease. Third, much of addiction treatment has no referrals to the licensed marriage and family therapists (MFT) and licensed clinical social workers (LCSW). The new language states that MFTs and LCSWs would have an automatic referring system and consequences if referrals are not made. Fourth, the Department of Alcohol and Drug Programs' (ADP) regulations are weak. There is no regulation in the private sector and abuse is taking place in facilities that are not regulated. Addicts are not likely to report the abuse, but will fail treatment. Finally, law enforcement community is not happy about Proposition 36, Substance Abuse and Crime Prevention Act. They need to have an option to send addicts to licensed counselors.

Ms. Daley discussed the main provisions of the bill. CAADAC chose to approach BBS with this task for a couple of reasons. First, the BBS is the most appropriate organization in the State of California to take on this task. Furthermore, ADP does not have statutory authority to go beyond its facilities, and it has no budget to enforce the counselor certification regulations within its own department, and enforcement activities beyond its borders. The second reason is the scope of practice issues. CAADAC was careful to write prohibitions that alcohol and drug abuse counselors do not do the license functions of the professions that BBS regulates. CAADAC proposed that anyone who is a licensed alcohol and drug abuse counselor would be required to provide a referral for an initial assessment for co-occurring disorders within the first 30 days of intake.

IV. Discussion and Possible Action Regarding Proposal to License Substance Abuse Addiction Counselors

The Committee and staff asked questions and addressed concerns to the members of CAADAC.

Mr. Riches asked where the line of separation is between alcohol and drug abuse counseling, and psychotherapy and other professional services?

Ms. Daley explained that CAADAC included the 12 core functions which defines the scope of practice. Alcohol and drug abuse counselors do not perform any tasks outside of those 12 functions.

Mr. Riches stated that the challenge as a regulator is where to draw the lines for separation of duties.

Warren Daniels, former president of CAADAC, responded that a Role of Delineation Study was conducted which details the knowledge, tasks and skills that are involved with the counseling core functions. This study would be helpful in making those determinations if there is any cross over.

Ms. Daley added that CAADAC conducted a survey among their members who overwhelmingly reported that they would seek licensure if it were available, and pay between \$600-\$800 for a biennial renewal. Their reason is because they are frustrated with the low wages due to the non-regulation of the profession. Furthermore, the consumer needs to know the difference between a quality provider and a non-quality provider, and licensure will do that.

Mr. Daniels stated that CAADAC is coming in with the rights to testing with the International Certification and Reciprocity Consortium, and offering the rights to that test to BBS for no monetary concerns.

Ms. Daley addressed the grandfathering provisions. CAADAC would only allow a one-year window for already certified counselors. The only certifications eligible would be CAADAC certification and two other equivalent certifications.

Mr. Riches asked how many certifying bodies would not qualify. Mr. Daniels responded that about 4 or 5 certifying bodies would not qualify, which would be about 5,000 – 7,000 individuals who would not qualify. About 4 or 5 certifying bodies would qualify, which would be about 10,000 individuals.

Mr. Riches asked where addiction and addiction counseling ends, and where does other treatment begin.

Ms. Daley responded that they have built in safe guards: 1) a nationally recognized exam that stresses scope of practice issued and referrals, 2) a referring agent who comes in once a quarter and ensures that the counselor is not working outside of their practice, 3) the consequences for working outside beyond the scope of practice. Ms. Daley added that they are open to any suggestions that BBS may have.

Mr. Daniels added that the science has not been created to tell where the addiction ends.

Ms. DiGiorgio stated that it is almost impossible to write a regulation on a matter that is not black and white, but an individual issue.

Mr. Daniels stated that they will contact the regulatory agencies in other states and ask the question, where does addiction end.

Mary Riemersma, Executive Director of the California Association of Marriage and Family Therapists (CAMFT) stated that this is going in the right direction but still needs some more work. Ms. Riemersma referred to the 12 core functions and encouraged that those functions be expressed in the law. She also referred to section 4708 and recommended that the year remain unchanged at 2015.

Mr. Daniels explained that the UC college system does not offer a bachelors or masters degree in addiction. It can be obtained in a private postsecondary, but in a limited setting. Another part of the intent of keeping that open, in hopes of partnering with the UC system,

to create the curriculum that would complement this license and provide that specific education for a bachelors and/or a masters degree.

Ms. Riemersma stated that this is something that needs to be talked about. She referred to section 4717, stating that it needs to a more clear definition on who can provide supervision and what the supervision is to include.

Ms. Daley responded that since there are no licensed individuals working in the facilities, supervision is provided by non-qualified individuals. However, this is where the experience is gained. For this reason, section 4717 was written vaguely. CAADAC would like the BBS and ADP to work together on this.

Ms. Riemersma referred to section 4721(a)(4) is broad and should specifically state that it is referring to an alcohol and drug problem. Furthermore, it should state what the abstinence is referring to. Section 4721(a)(6) is broad and appears to go beyond the scope of the counselor. Ms. Riemersma expressed concern about the size of the Board, the demand to regulate a new profession, and how that will affect the good functioning of the Board and the professions it already regulates.

Geri Esposito, Executive Director of the California Society for Clinical Social Work (CSCSW), stated that section 4705(a) does not include clinical social workers practice act, section 4721(f) does not include clinical social work. Under section 4721(a)(7) and (8), CSCSW would like to see "related to alcohol and drug abuse" when referring to assessment and treatment plan.

Janlee Wong, Executive Director of the National Association of Social Workers (NASW), commends CAADAC on taking action towards consumer protection. However, the idea that this a title act, not a practice act, does not feel that this is consumer protection. Mr. Wong added that the scope of practice is confusing. He encouraged that time be taken to review the information provided by CAADAC. Mr. Wong also suggested a multi-tier licensing for alcohol and drug counselors based academic levels.

Dr. Olivia Loewy, Executive Director of the American Association of Marriage and Family Therapy (AAMFT), expressed concern with the treatment process and where to draw the line.

More discussion took place. Willie Guerrero, Attorney at Law representing CAADAC, closed by stating that all information and suggestions made by the Board and organizations are helpful and appreciated.

V. Discussion and Possible Action to Allow Marriage and Family Therapist Interns to Receive Experience Credit for Client Centered Advocacy and to Revise the Definition of Client-Centered Advocacy for Associate Clinical Social Workers.

Ms. DiGiorgio reported that currently, associate clinical social workers (ASW) may gain hours for client centered advocacy; however, marriage and family therapist interns (IMF) may not gain hours for client-centered advocacy. This proposal would allow IMFs to gain experience for client-centered advocacy in the same fashion as an ASW would.

Benjamin Cauldwell, Alliance International University, would like to see trainees gain hours for client-centered advocacy as well, and requested to add "trainees" to the language. Mr. Riches responded that trainees are included.

Mr. Riches stated that this language parallels, but is not the same as the language in the statute for social workers, therefore, there may still be some disparities. He asked if there are any disparities based on this definition.

Mrs. Riemersma responded that she does not see any disparities, and asked Mr. Wong how he defines it, and if this is a good or bad definition.

Mr. Wong responded that this is a limited version of what social workers do in general as far as client-centered advocacy. Social work connects the client to the system of public policy. Social workers try to bring the issues to a policy level, not just find resources for the client, which is how the language reads.

Ms. Esposito stated that this is contextual. Social workers in different work settings will have a different interpretation of it and apply it differently in context. She stated that in clinical context, the application that is described is appropriate.

This proposal will be passed to the Board.

VI. Review of Legislation Introduced in the 2007 Legislative Session

Christy Berger presented the bills and gave a brief overview of each bill introduced in the 2007 legislative session.

AB 164

Ms. Berger reported that this bill would add mental health records to the types of records that cannot be denied to a parent. It also prohibits denying a parent with access to mental health and other types of records and information pertaining to a minor unless that parent has been denied legal custody based on a threat to the safety of the child or custodial parent, denied visitation, ordered to supervised visitation, or restricted in access to the child or custodial parent.

Ms. Riemersma stated that this will be amended because CAMFT is facing opposition. The intent was to clarify what the law intended. The current law is not clear, and it is a critical section that needs to be interpreted correctly.

Staff is recommended a position of support on this bill so that the Board's enforcement staff can obtain access to records when they are unsuccessful in obtaining a signed release from both parents.

GORDONNA DIGIORGIO MOVED, KAREN ROYE SECONDED, AND THE COMMITTEE CONCURRED TO SUPPORT THE RECOMMENDATION OF AB 164.

AB 234

Ms. Berger reported that this bill would: 1) require a supervisor to be licensed or certified by a state agency for a minimum of two years, 2) limit MFT Interns to a maximum of 125 hours of experience providing personal psychotherapy services via telemedicine, 3) prohibit MFT Trainees and Interns from leasing or renting space, paying for furnishings, equipment or supplies, or in any other way paying for the obligations of their employers, 4) delete an obsolete provision permitting supervision of MFT Interns and Trainees by a physician who has completed a residency in psychiatry, 5) require education gained while residing outside of California to be accepted toward the MFT licensure requirements if it is substantially equivalent, and 6) make technical changes in MFT statutes referring to the definitions of "supervisor" and "professional enrichment activities."

Staff did not recommend a position on this bill.

KAREN ROYE MOVED, GORDONNA DIGIORGIO SECONDED, AND THE COMMITTEE CONCURRED TO TAKE NO POSITION ON AB 234.

AB 249

Ms. Berger reported that this bill would prohibit a “healing arts” licensee, including LCSWs, MFTs, and Licensed Educational Psychologists, or an entity acting as an authorized agent of a licensee, from including a “gag clauses” in a civil settlement by 1) prohibiting the other party from contacting the Department of Consumer Affairs (DCA) or the Board, 2) prohibiting the other party from cooperating with the DCA or the Board, 3) prohibiting the other party from filing a complaint with the DCA or the Board, or 4) requiring the other party to withdraw a complaint.

Ms. Berger explained that this bill is intended to close a loophole in current law that allows a healing arts licensee under the DCA to prohibit a consumer who settles a civil suit from also filing a complaint or otherwise cooperating with a regulatory agency.

Ms. Berger explained that the BBS receives notification of civil settlements from insurance carriers, and then contacts the potential complainant by sending a complaint form and a letter that provides information about pursuing administrative action. The majority does not file a complaint. This has an impact on the ability to protect consumers.

Staff recommended a position of support on this bill.

GORDONNA DIGIORGIO MOVED, KAREN ROYE SECONDED, AND THE COMMITTEE CONCURRED TO SUPPORT THE RECOMMENDATION OF AB 249.

AB 423

Ms. Berger reported that this bill would require health care service plan contracts which provide hospital, medical, or surgical coverage, and health insurance policies to provide coverage for the diagnosis and treatment of a mental illness for a person of any age under the same terms and conditions applied to other medical conditions, and includes the diagnosis and treatment of mental illnesses and a child’s serious emotional disturbance.

Ms. Berger added that AB 88, California’s mental health parity law, was enacted in 2000; however, there have been challenges in the implementation of the law. There is a federal mental health parity legislation that has been introduced this year in both the House and the Senate. This legislation is anticipated to have a reasonable chance of being signed into law.

Staff recommended a position of support on this bill.

Ms. Riemersma stated that amendments are anticipated, although she did not know the intent or content of the amendments.

KAREN ROYE MOVED, GORDONNA DIGIORGIO SECONDED, AND THE COMMITTEE CONCURRED TO SUPPORT THE RECOMMENDATION OF THE MARCH 19, 2007 VERSION OF AB 423.

AB 509

Ms. Berger reported that this bill would establish the Office of Suicide Prevention (OSP) under the Department of Mental Health (DMH). This bill would also require the OSP to: 1) coordinate the creation and implementation of a statewide suicide prevention strategy modeled after the National Strategy for Suicide Prevention, 2) collect and disseminate information on best practices as determined by an advisory committee, 3) collect and disseminate data compiled from the State Registrar of Vital Statistics and other sources regarding suicide deaths, 4) compile information from research institutes regarding suicide attempts, treatment, and success of treatment, and 5) report to the Legislature and to the public, the extent of the problem and the effectiveness of various prevention measures. Staff recommended a position of support on this bill.

Ms. DiGiorgio stated that she was worried that this would be another research entity.

Ms. Esposito ensured the Committee that this would not be another research entity. This is going to be modeled after the National Strategy for Suicide Prevention, which has clear evidence-based practices in preventing suicides.

THE COMMITTEE CONCURRED TO SUPPORT THE RECOMMENDATION OF AB 509.

AB 512

Ms. Berger reported that existing law requires any agency, person or business that owns, licenses or maintains computerized data that includes personal information to disclose any breach of the security of the system to those affected by the breach. This bill would add to the definition of "personal information" private medical or health care records, and would repeal duplicate provisions of law.

One suggested amendment is to add the definition for "private medical or health care records," using the definition from the Confidentiality of Medical Information Act, Civil Code Section 56.05(g), which provides a definition of "medical information."

Staff did not recommend a position on this bill. This bill was presented for informational purposes.

THE COMMITTEE CONCURRED TO TAKE NO POSITION ON AB 512.

AB 612

Ms. Berger reported that this bill would: 1) require a court to only grant a motion for a mental or psychological examination of a parent, as part of a child custody evaluation for good cause shown, 2) require a mental or psychological examination, including standardized psychological testing, to be conducted only by written court order by a licensed physician or psychologist who holds a doctoral degree in psychology and has had at least five years of postgraduate experience in the diagnosis of emotional and mental disorders, 3) require the order for a mental or psychological examination to include a description of the legally admissible evidence that demonstrates the need for the examination and a request for a diagnosis, 4) require the child custody evaluator that conducts the mental or psychological examination to summarize the data-gathering procedures, information sources, and the amount of time spent conducting the examination, and to present all relevant information, including information that does not support the conclusions reached, and 5) prohibit the use of nonscientific labels and assessments that are not consistent with diagnostic or medical standards generally accepted by the professions for court use.

Staff did not recommend a position on this bill.

Ms. Riemersma stated that CAMFT is opposed to this bill because the judge determines on what is admissible in court, and the law should not specify what is not scientific.

Mr. Riches stated that this will be forward to the Board and have a practitioner's viewpoint.

THE COMMITTEE CONCURRED TO TAKE NO POSITION ON AB 612.

AB 673

Ms. Berger reported that this bill would: 1) add "death inflicted by other than accidental means" to the definition of "child abuse or neglect," and 2) clarify that a mandated reporter may report known or suspected child abuse when the mandated reporter acts in his or her private capacity and not in his or her professional capacity.

Staff did not recommend a position on this bill.

THE COMMITTEE CONCURRED TO TAKE NO POSITION ON AB 673.

AB 1025

Ms. Berger reported that this bill would: 1) prohibit a person from being denied licensure or from having his or her license suspended or revoked based on a criminal conviction that has been dismissed, 2) prohibit denial of licensure for an arrest more than one year old if no disposition is reported, 3) require the board to provide an applicant or ex-licensee whose application has been denied or whose license has been suspended or revoked based upon a crime with a copy of the criminal history record information relied upon in making the determination, 4) prohibit the criminal history record from being modified from its form or content as provided by the DOJ, and 5) require the board to provide the criminal history in a manner that protects the confidentiality and privacy of the individual's record and prohibits the information from being made available to any employer.

Staff recommended a position of oppose on this bill. This bill is in conflict with BPC Sections 4982(a), 4989.54(a) and 4992.3(a). This bill would diminish our ability to take action when multiple misdemeanors have occurred. This bill would prohibit the board from denying licensure for an arrest more than one year old if no disposition is reported. This bill would require the Board to provide certain applicants with a copy of his or her criminal history record, which is in conflict with Penal Code Section 11105. Reviewing criminal histories to determine whether a crime is substantially related to the qualifications, functions, or duties of the profession is one of the Board's most critical tasks. In order to help make the determination, an applicant may provide evidence of rehabilitation, and the Board is authorized to inquire into the circumstances surrounding the charges.

COMMITTEE CONCURRED TO OPPOSE AB 1025.

AB 1178

Ms. Berger reported that this bill would permit a provider of health care to disclose medical information when a psychotherapist has reasonable cause to believe that the patient is in such a mental or emotional condition as to be dangerous to himself or herself or to the person or property of another and that disclosure is necessary to prevent the threatened danger.

Ms. Riemersma explained this bill parallels current law on the subject of a dangerous patient. The California Medical Records Confidentiality Act (CMIA) lists exemptions to provider-patient confidentiality, and the dangerous client exemption is not currently included. However, the authority for a therapist to disclose confidential information about a dangerous patient already appears in the Evidence Code as an exemption to the

provider-patient privilege, which has already been interpreted by some courts as an exemption to therapist-client confidentiality if the dangerous patient situation occurs.

Staff did not recommend a position on this bill.

THE COMMITTEE CONCURRED TO TAKE NO POSITION ON AB 1178.

SB 851

Ms. Berger briefly reported that this bill would establish mental health courts and restructure prisoner and parolee using the model set forth by the Mental Health Services Act (MHSA). This bill was authored by Senator Steinberg and Senator Romero. Steinberg was also the author of MHSA. Without appropriate care for their mental health, these individuals continue to reenter the criminal justice system. This proposal would not use funds from Proposition 63.

Ms. Berger explained that mental health court has the following characteristics: 1) Anyone can request a transfer to the mental health court after arrest, including prosecutors; 2) Defendants must plead guilty and pass intensive psychiatric evaluations before being admitted; 3) Most only treat defendants accused of misdemeanors; 4) At any time before the plea agreement is final, prosecutors can decide to switch the case to a regular criminal court.

The following are typically provided by the court for defendants with mental illness: 1) Court-supervised treatment and stabilization, including medication monitoring for up to two years; 2) A court team composed of a judge, court personnel and treatment providers, who define terms of participation; 3) Continued status assessments with individualized sanctions and incentives; and 4) Resolution of the case upon successful completion of the mandated treatment plan, or dropping the charges to a misdemeanor

Ms. Berger further explained that current policy failures result in what some refer to as the criminalization of mental illness." According to a recent studies, more than half of the nation's jail and prison inmates suffer from mental health problems." Studies also show a direct relationship between gaps in the community mental health care and the large numbers of mentally ill people winding up in the criminal justice system. There is a shortage of beds for inmates who are considered "so disturbed" that they must be kept segregated from the general population.

Ms. Berger added that the California's Little Hoover Commission reported that: 1) parolees with serious mental illness are at greater risk for recidivism; 2) parole officers are burdened with huge caseloads, making it impossible for them to handle mental health needs, 3) upon release, inmates with serious mental illness face the risk of homelessness, 4) unstable housing increases the likelihood that persons with a mental illness will become involved in the criminal justice system.

Staff recommended a position of support on this bill.

THE COMMITTEE CONCURRED TO SUPPORT THE RECOMMENDATION OF SB 851.

SB 993

Ms. Berger briefly reported that this bill would permit a psychologist to apply to the Board of Psychology for a conditional prescription certificate to prescribe psychotropic medications, and would permit the psychologist as to be identified as a medical psychologist.

Staff did not recommend a position on this bill.

THE COMMITTEE CONCURRED TO TAKE NO POSITION ON SB 993.

VII. Incorporation of Family Code Section 3110.5(e) in Unprofessional Conduct Definition for Marriage and Family Therapists and Licensed Clinical Social Workers

Ms. Berger reported that Family Code (FC) Section 3110.5(e) specifies that a child custody evaluator licensed as a LCSW or MFT are subject to disciplinary action by the board for unprofessional conduct, as defined in the Board's licensing law. Additionally, FC Sections 3110-3118 specify certain standards for custody evaluators and evaluations. These provisions are contained only in the Family Code, and should be referred to within the Board's licensing laws for clarification.

Ms. Riemersma stated that CAMFT opposed this incorporation to the Board's licensing laws because it expands the law for what it currently provides. She referred to Section 3110.5 (e) which states "A child custody evaluator who is licensed by the Medical Board of California, the Board of Psychology, or the Board of Behavioral Sciences shall be subject to disciplinary action by that board for unprofessional conduct, as defined in the licensing law applicable to that licensee." Ms. Riemersma explained that by incorporating this section to the Board's licensing law, failure to follow the 730 evaluation criteria would be negligent, not grossly negligent, and that would be an expansion of the current law. This section refers back to unprofessional conduct in the licensing law, where one would have to make the determination on what is unprofessional conduct. Therefore, this is expanding the law instead of stating what the law is.

Mr. Riches responded that was not the intent. Staff will work on the language and bring it back to the next Committee meeting.

VIII. Update on Results from the Board's Demographic Survey

Mr. Riches explained that the results in the responses are simple breakdowns, and further evaluation of the results has not been conducted yet. There is a need for a more diverse workforce. The most underrepresented population in the workforce is men. Staff is still working on the survey. No action needed.

Mr. Wong commended staff for gathering this information, and stated that this will serve as a helpful tool.

Ms. Roye also commended staff for gathering this information.

IX. Request to Recognize Doctorates in Social Work for Licensing Purposes

Mr. Riches reported that in the course of developing a proposal to increase portability of licenses for clinical social workers in 2006, the Board received a request from an individual to consider recognizing PhDs in social work in the licensing process. The committee did not choose to treat a PhD in social work differently than a Master's degree in social work. This decision was primarily based on an assessment that the skills acquired in PhD programs focused on research and development of new knowledge and did not necessarily reflect greater clinical skills. A review of the three PhD programs offered in California confirmed this assessment.

Based on a review of the three PhD programs offered in California, staff recommended that no special recognition be granted to PhD candidates in the licensing process. It is possible that PhD candidates who pursue research in areas relevant to clinical practice might build an expanded clinical capability, but the focus of professional development in a PhD is to expand skills as a researcher, teacher, and scholar. Furthermore, there are a large number of areas of study within social work that have little or no application to the qualifications for a clinical license.

Mr. Wong suggested that the Board consider this on a case-by-case basis.

Ms. Esposito expressed that she would like to see advanced degree acronyms attached to the licensees name when printed on their license, and also allow for this information on the website under licensure verification.

Mr. Riches stated that he would look into this and if it is possible to add the title of the qualifying degree.

X. Review of Progress on Strategic Plan Objectives 2, 4, 5 & 6

Mr. Riches briefly reported on the progress of the Strategic Plan goal 6. Productivity under goal 6 looks great, and significant progress was made in the last year. Those numbers are anticipated to sustain through the end of the fiscal year.

XI. Budget Update

Mr. Riches stated that since the last Board meeting in February, there is no new information to report. The fund condition shows an increase in the budget appropriation this year. Most of that is due to cost increases, such as the Division of Investigation (DOI). None of the cost increases are expected to impact the Board at this point.

XII. Update on Board Sponsored Legislation

Mr. Riches stated that this is primarily a listing of those initiatives that the Board has approved for legislation in the 2007 legislative year. They have been submitted to the Senate Committee for inclusion in the Committee bill.

XIII. Rulemaking Update

Justin Sotelo stating that there is nothing new to report. Staff is waiting for department approval of regulation changes before submitting them to the Office of Administrative Law (OAL).

XIV. Future Meeting Dates

Mr. Riches reported on the upcoming Committee meeting dates. The next meeting is scheduled on July 13, 2007. The meeting dates will be moved to Fridays due to Board members' preferences. A schedule of future meeting dates is forthcoming. Staff is considering scheduling all committees in a single day, between Board meetings.

Ms. Riemersma requested more advanced notice for future meetings dates and times.

XV. Suggestions for Future Agenda Items

No suggestions were made for future agenda items.

Ms. Esposito expressed her appreciation to Mr. Riches for accommodating her urgent requests, and for his immediate attention and assistance regarding those matters.

Meeting was adjourned at 2:43 p.m.